

# Community Strengthening Efforts Data Collection Tool

**Program Name:** \_\_\_\_\_ (optional) **Activity Location Name:** \_\_\_\_\_

**Directions:** For each type of community strengthening effort, please enter **one** activity code and mark (X) all topics that apply to that activity.

**Date Information:** Single or Start Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Activity</b> Enter <b>ONE</b> code: <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>Topics</b> Mark (X) <b>ALL</b> codes that apply:
<b>201</b> Organizing community associations/networks <b>202</b> Community events, celebrations, or fairs <b>203</b> Information dissemination (e.g., brochures, newsletters, resource directories) <b>204</b> Media Campaigns (e.g. radio, television, web, newspapers, magazines) <b>205</b> Public speaking <b>206</b> Other community strengthening effort	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Tobacco cessation  <input type="checkbox"/> School readiness  <input type="checkbox"/> Identification of and services for children with disabilities and other special needs  <input type="checkbox"/> Community resource awareness  <input type="checkbox"/> Safety education and violence prevention  <input type="checkbox"/> Prenatal care </div> <div style="width: 50%;"> <input type="checkbox"/> Breastfeeding  <input type="checkbox"/> Nutrition  <input type="checkbox"/> Preventive health care for children (including oral health)  <input type="checkbox"/> Positive parenting practices  <input type="checkbox"/> Peer support networks  <input type="checkbox"/> Other community strengthening topic  <input type="checkbox"/> Not applicable </div> </div>

**Estimated size of target audience:**

Type of audience(s) that activity is directed at:	
<b>Mark one:</b>  <input type="checkbox"/> Community-at-large	<b>OR mark (X) ALL that apply:</b> <input type="checkbox"/> Parents/guardians <input type="checkbox"/> Children (0 to 5) <input type="checkbox"/> Other family members

Characteristics of audience that activity is specifically directed at:		
<b>Ethnicity</b> <b>Mark one:</b> <input type="checkbox"/> No specific ethnicity <input type="checkbox"/> Unknown	<b>OR mark (X) ALL that apply:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Alaska Native or American Indian  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Hispanic/Latino </div> <div style="width: 33%;"> <input type="checkbox"/> Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other </div> </div>	
<b>Primary language</b> <b>Mark one:</b> <input type="checkbox"/> No specific language <input type="checkbox"/> Unknown	<b>OR mark (X) ALL that apply:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> English  <input type="checkbox"/> Cantonese  <input type="checkbox"/> Hmong </div> <div style="width: 33%;"> <input type="checkbox"/> Korean  <input type="checkbox"/> Spanish  <input type="checkbox"/> Mandarin </div> <div style="width: 33%;"> <input type="checkbox"/> Tagalog  <input type="checkbox"/> Vietnamese  <input type="checkbox"/> Other </div> </div>	
<b>Is activity directed at children (0-5) with disabilities or other special needs or their families?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		